



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) TAKAYAMA	(First) LINDA	(Middle) CHU	TELEPHONE 808-545-3060
MAILING ADDRESS (Street) PO BOX 1196			FAX 808-545-1182
(City) HONOLULU	(State) HAWAII	(Zip Code) 96807	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII PRIMARY CARE ASSOCIATION		TELEPHONE
MAILING ADDRESS (Street) 345 QUEEN STREET, SUITE 601		FAX
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT BETH GIESTING		TELEPHONE
MAILING ADDRESS (Street) 345 QUEEN STREET, SUITE 601		FAX
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

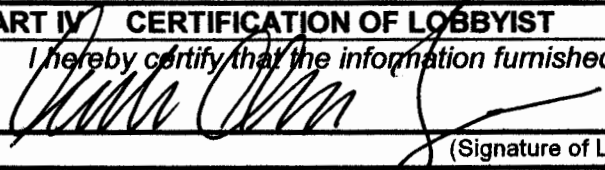
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

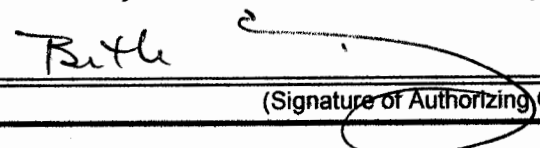
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

04/30/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
BETH GIESTING			
NAME OF ORGANIZATION (if applicable) HAWAII PRIMARY CARE ASSOCIATION		TELEPHONE	
MAILING ADDRESS (Street) 345 QUEEN STREET, SUITE 601		FAX	
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
 (Signature of Authorizing Officer or Person Represented)		04/30/05 (Date)	